## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>11/20/10</u>	Address:	<u>1654 JEANETTE AVE</u>
Case #:	.I <u>0-25635</u>		EVANSVILLE,IN 47715
County:	<u>VANDERB</u> URGH		_
Type of L:	aboratory Seizure (check one)	Scizure Location (	check all that apply)
<ul> <li>✓ Operational Lab</li> <li>☐ Chemical/Glassware/Equipment (only)</li> <li>☐ Dumpsite (only)</li> </ul>		Residence Outbuilding Vehicle	Hotel/Motel Open – No Structure Other:
<u>(c</u> heck all th	u <b>d: Location (bedroom, kitchen, open a</b> nat apply) n/Ammonia Reaction(s): <u>ONE POT</u>	ir, etc)	
Red Pho	osphorous/Iodine Reaction(s):		
⊠ Flamma	able Solvents: <u>GARAGE</u>		
Water R	Reactive Metal (Lithium): ONE POT		
⊠ Hydrocl	hloric Acid Gas Generator(s): <u>GARA</u>	<u>.GE</u>	
Anhydro	ous Ammonia:		
	ve Acid: DRINKING BOTTLES		
Corrosiv	vc Base:		
Other (in	tem and location):		
☐ Yes ☐ ☑ No ☐ Children Living cond Estimated le	er age 18 discovered (check appropriat (number present)  not present but evidence they reside litions of home: clean disarray ength of time manufacturing had been information:	or visit often	
<u>This report</u>	has been faxed to the following ago	encies that serve the l	location;
Fire Departr Health Depa		Fax: <u>81243</u> ; Fax: <u>81243</u> ; Fax:	56248
For further is Investigating	nformation regarding this methamphe g Officer: <u>GOERGEN</u> Phon	etamine laboratory, co ic 436-7927	ntaet

This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services fisted within 24 hours of scene processing.